

471-000-112 Instructions for Completing Form IRS-2678, "Employer Appointment of Agent"

Use: Form IRS-2678 is required for clients whose providers -

1. Provide in-home service(s); and
2. Are not affiliated with a service provider agency.

A completed form designates the Department as the agent responsible for paying employer taxes on behalf of the client's provider(s). This designation does not expire, so the client needs to sign Form IRS-2678 only once to cover all types of in-home service.

Completion: One copy of Form IRS-2678 is completed and retained in the client's case record.

Any version of this form is valid as long as the client remains eligible for service. The following instructions follow the 06/2002 version. Supplies of this form are not maintained by HHS. Using photocopies of this version will avoid the need to repeat the pre-printed information which relates to HHS.

Field 1: "Ogden, Utah" is pre-printed. Do not actually mail this form to the IRS.

Field 2: Enter the client's name.

Field 3: Enter the client's address.

Field 4: Enter the client's Social Security number.

Field 5: "Nebraska Department of Health and Human Services" is pre-printed.

Field 6: "P.O. Box 95026, Lincoln, NE 68509" is pre-printed.

Field 7: "47-0560056" is pre-printed.

Fields 8, 9, and 10 contain pre-printed information relating to the IRS-HHS agreement.

Signature: The client signs and dates the form.

Disregard the "Title of signing official" space.

Distribution: Form IRS-2678 is a two-page form (front and back) filed in the client's case record.

Retention: Form IRS-2678 is valid indefinitely and should always be retained until the entire case record is destroyed.

<b>Form 2678</b> (Rev. June 2002)	<b>Department of Treasury- Internal Revenue Service</b> <b>Employer Appointment of Agent</b> Under Section 3504 of the Internal Revenue Code	OMB Number 1545-0748
1. To  Director, Submission Processing Ogden, Utah 84201 Processing Center		<b>Instructions</b> <b>Employer or Payer:</b> Please complete this form and give it to the Agent.  <b>Agent:</b> Please attach a letter requesting authority to do either all that is required of the employer for wages you pay on the employer's behalf or all that is required of the payer for requirements of backup withholding. (See applicable Revenue Procedures 78-6 or 84-33.) Forward both the letter of request and Form 2678 to the Internal Revenue Service Center Director, Submission Processing where you file your Form 941 returns.
2. Employer's or Payer's Name  4. Employer's Identification Number	3. Employer's or Payer's Address (Number and street, city, town or post office, State and ZIP Code)  5. Agent's Name Nebraska Department of Health and Human Services 6. Agent's Address P.O. Box 95026 Lincoln, NE 68509 7. Agent's Employer Identification Number 47-0560056	
8. Effective For (Check the box or boxes that apply) <input checked="" type="checkbox"/> Employment Taxes (Rev. Proc. 70-6) <input type="checkbox"/> Backup Withholding (Rev. Proc. 84-33)  Under Section 3504 of the Internal Revenue Code, please authorize this agent to do all that is required under (Check the one(s) that apply) <input checked="" type="checkbox"/> Chapter 21 (FICA) <input type="checkbox"/> Chapter 22 (Railroad Retirement) <input type="checkbox"/> Chapter 24- <input type="checkbox"/> Withholding and/or <input type="checkbox"/> Backup Withholding <input type="checkbox"/> Chapter 25 (General Provisions) of Subtitle C <b>NOTE: Appointment of an Agent under Section 3504 does NOT apply to Form 940, Employer's Annual Federal Unemployment Return (Chap. 28 of the Internal Revenue Code).</b>  The agent named above has been appointed either to pay wages for employers and/or report and deposit backup withholding amounts for payers. This appointment is effective on the date shown in item 10. It is understood that the Agent and the employer or payer are subject to all provisions of law and regulations (including penalties) which apply to employers or payers.		9. If Filing under Rev. Proc. 70-6, does this apply to all employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  10. Effective Date of Appointment by Employer or Payer January 1, 1975  Signature of Employer or Payer  Title of signing official (Indicate whether the person signing is an owner, partner, member of firm, fiduciary, or a corporate officer)  <b>For Internal Revenue Service Use Only</b>  Effective Date Granted by IRS

---

**Paperwork Reduction Act Notice**

---

We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information. The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is: 30 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to the Tax Form Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send this form to this address. Instead, send it to the Director of the Internal Revenue Service Center where you file your returns.

**File with the  
Internal Revenue Service,  
Submission Processing Center at:**

Cincinnati, OH 45909

---

Ogden, UT 84201

---

Philadelphia, PA 19255

---